Test Sample

SECURING SIGNATURES WITHIN A WORD DOCUMENT

APPROVEIT 5.6

IOD, White Sands Missile Range

July 14, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

Dear Josie:

This is a Word Test "SAMPLE" to verify performance of ApproveIt 5.6 using DoD CAC and associated card reader to sign the document. Method of CRL is CML via the LDAP server in Denver.

The test is to show that when authenticating the e-persona ApproveIt signature, 100% validation is initiated with green check marks at the end. The process further displays to the user the dialog box that the accompanying DoD certificates are being verified for authenticity. Physical signature can be displayed on the document upon demand when printing.

Sincerely,

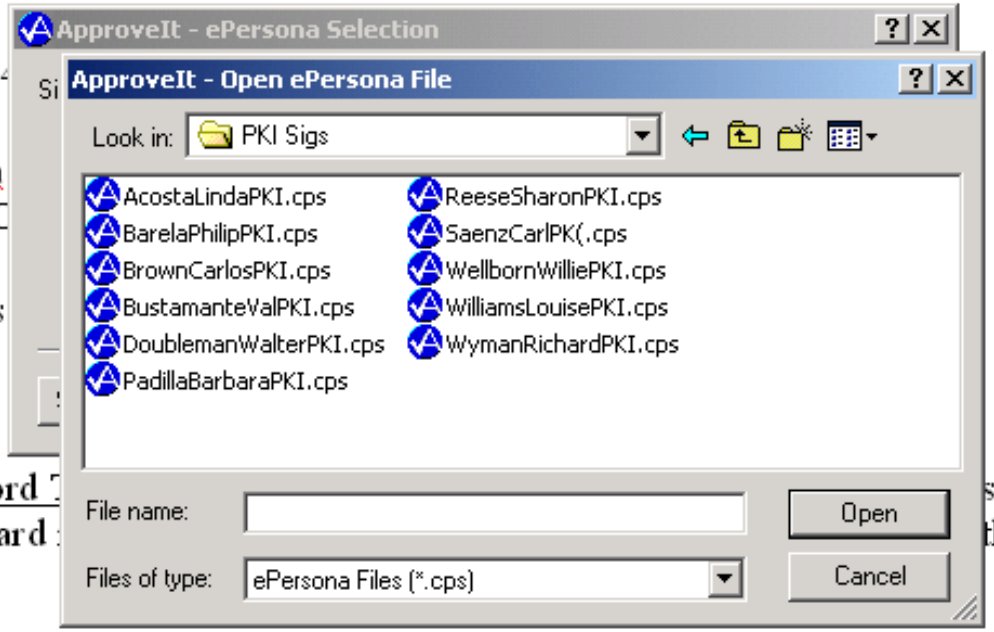
{SIGNATURE1}
CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 14, 200

Josie Nesiba
Chief, IO-M
Bldg 1401 A
White Sands

Dear Josie:



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Sincerely,

{SIGNATURE1}
CARL A. SAENZ
IT Specialist, IOD

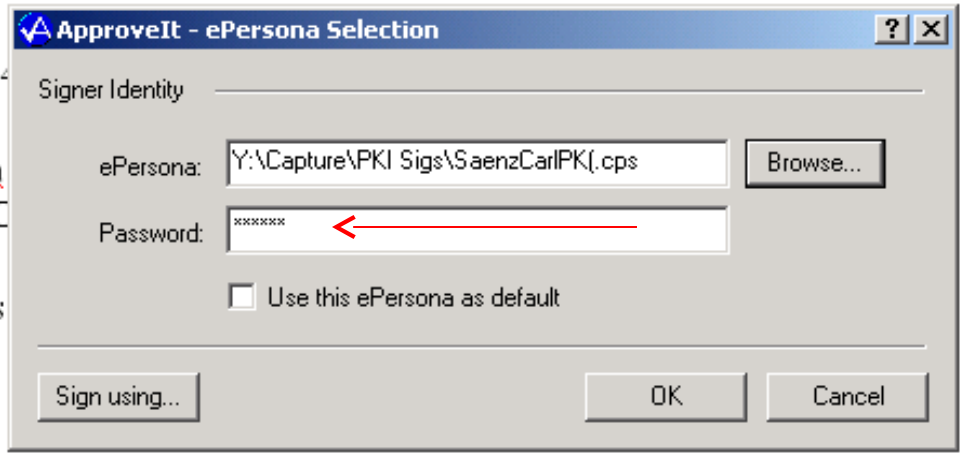
Step 1: Employee Selects His or Her Epersona File from Selected Server

IOD, White Sands Missile Range

July 14, 200-

Josie Nesiba
Chief, IO-M
Bldg 1401A
White Sands

Dear Josie:



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Sincerely,

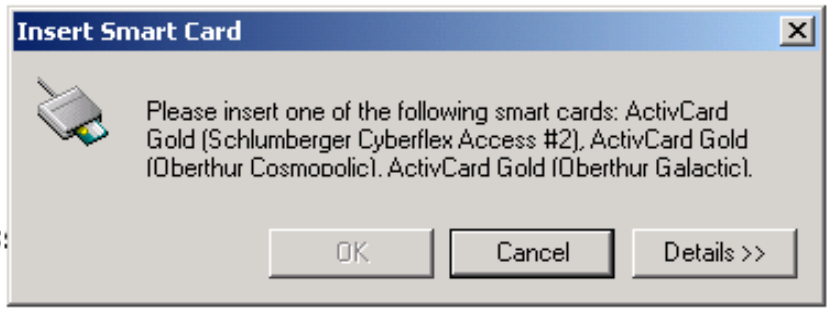
Step 2: Employee types in his or her ApproveIt password.

{SIGNATURE1}
CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 14, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Mis:



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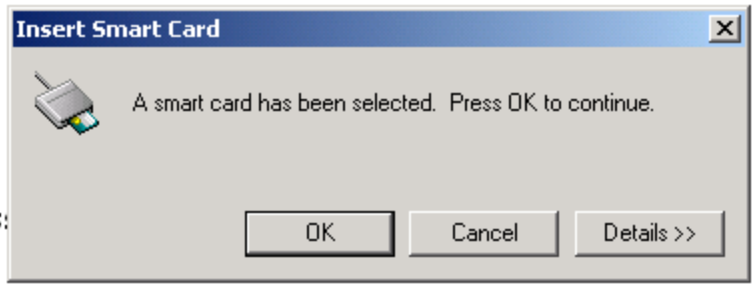
Sincerely,

Step 3: Employee told to enter CAC into reader.

{SIGNATURE1}
CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 14, 2004



Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Mis:

Dear Josie:

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Sincerely,

Step 4: Employee Clicks on OK.

{SIGNATURE1}
CARL A. SAENZ
IT Specialist, IOD

Ln 8 Col 30 REC TRK EXT OVR

IOD, White Sands Missile Range

July 14, 200-

Josie Nesiba
Chief, IO-M
Bldg 1401 A
White Sands

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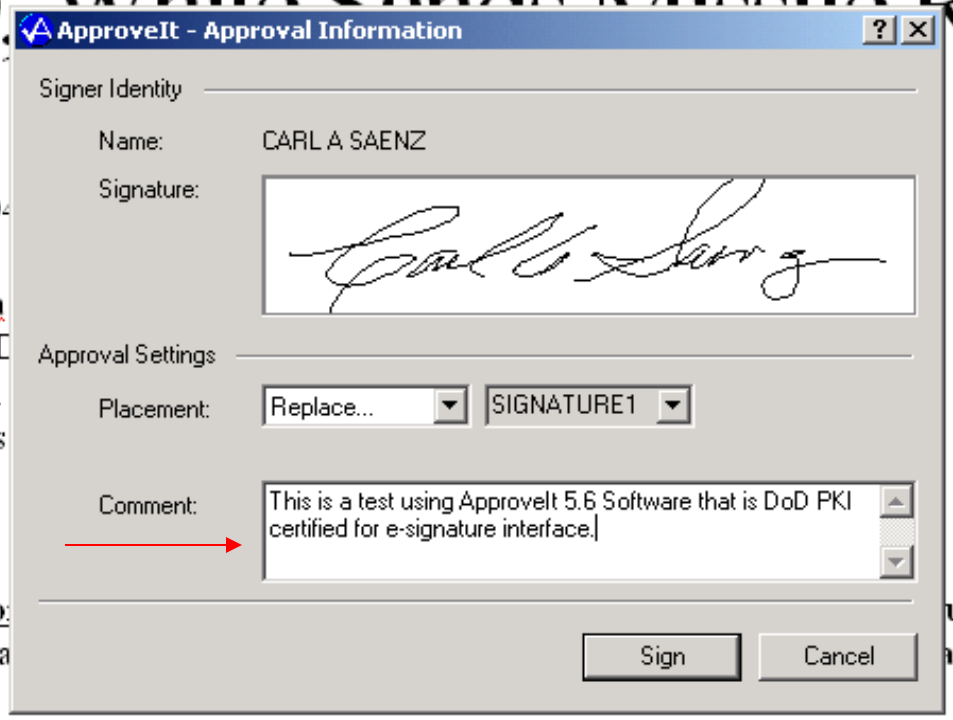
Sincerely,

Step 5: Employee signature is displayed. Click on OK.

{SIGNATURE1}
CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range



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Chief, IO-M
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White Sands

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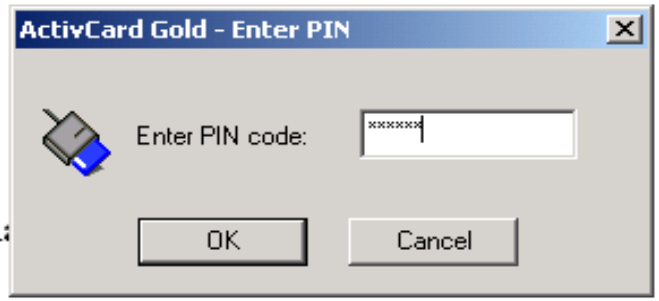
Sincerely,

{SIGNATURE1}
CARL A. SAENZ
IT Specialist, IOD

Step 6: Employee can type in comment into the comment block.

IOD, White Sands Missile Range

July 14, 2004



Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Ra

Dear Josie:

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Sincerely,

Step 7: Employee types in CAC PIN #.

CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 14, 2004

Step 8: Employee signature template drops into signature template box.

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

Dear Josie:

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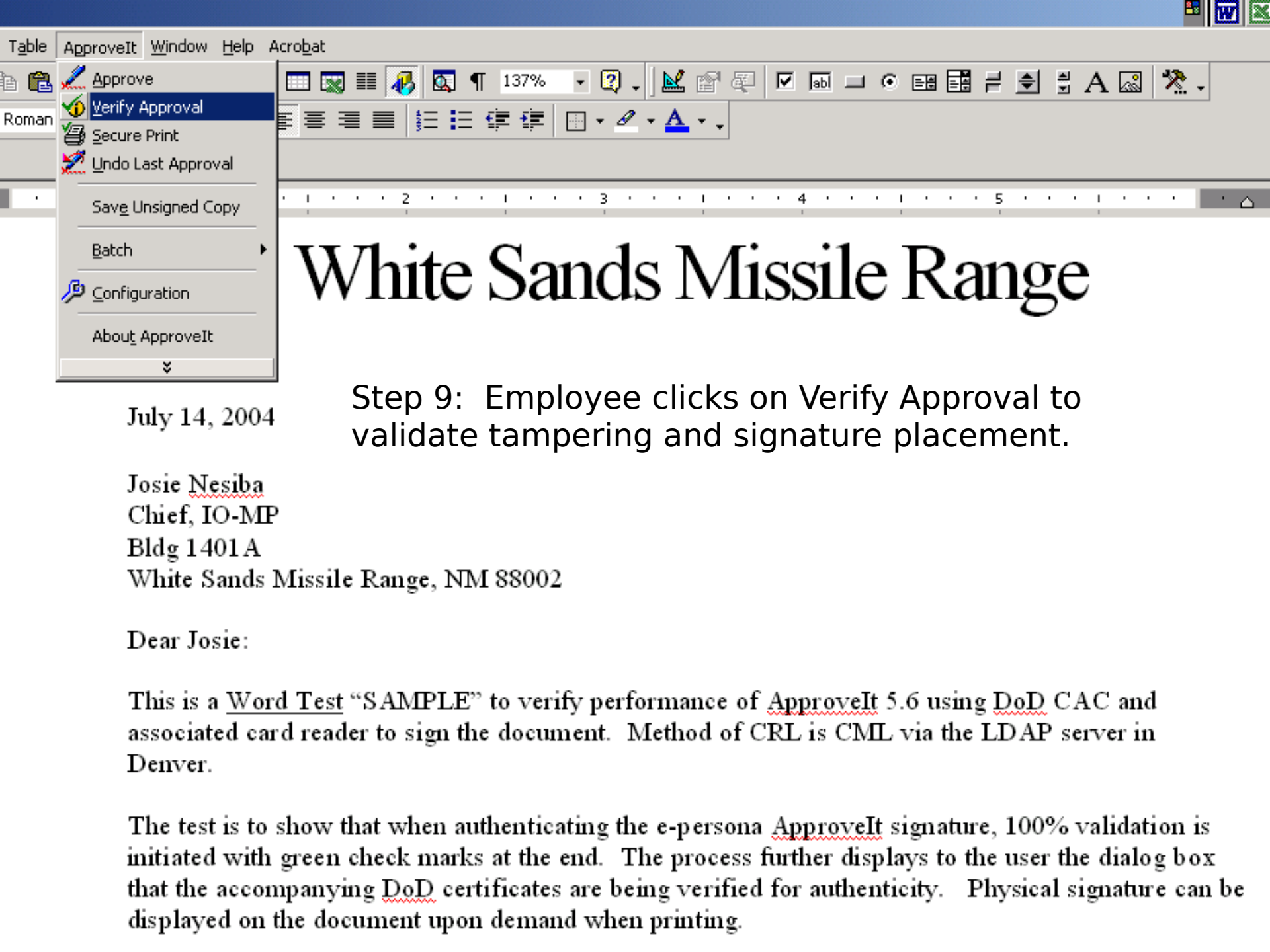
CARL A. SAENZ
IT Specialist, IOD



White Sands Missile Range

Step 9: Employee clicks on Verify Approval to validate tampering and signature placement.

July 14, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

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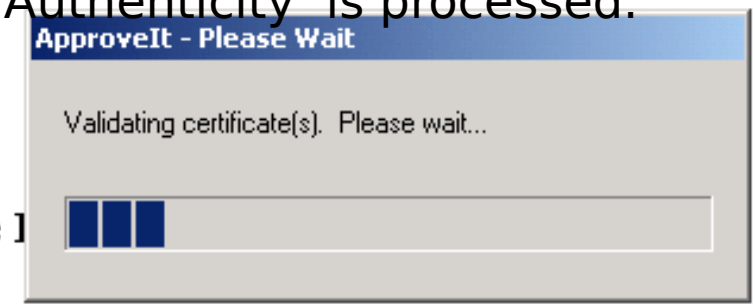
IOD, White Sands Missile Range

Step 10: Validation of Employee DoD Certificate

Authenticity is processed.

July 14, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile I



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Sincerely,

IOD, White Sands Missile Range

July 14, 2004

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Chief, IO-MI
Bldg 1401 A
White Sands

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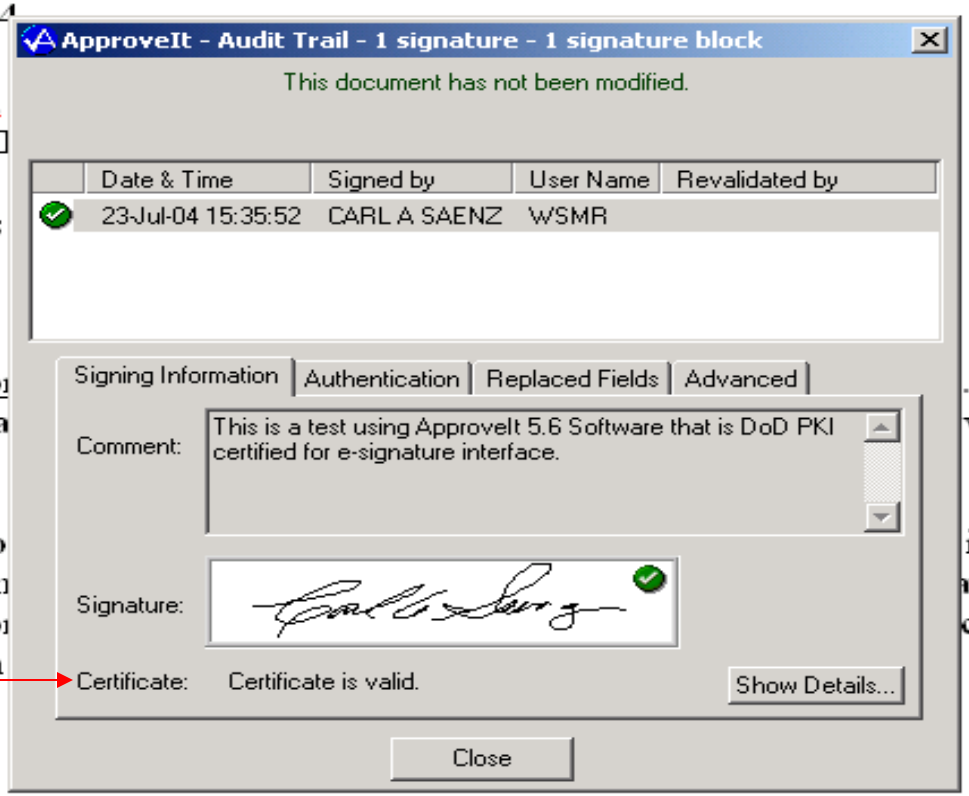
initiated with ys to the user the dialog box
that the acco city. Physical signature can be
displayed on

Sincerely,



Step 11: Signature Audit Trail Displayed. Certificate Validated.

CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

Step 12: Employee's Certificate Status Displayed.

July 14

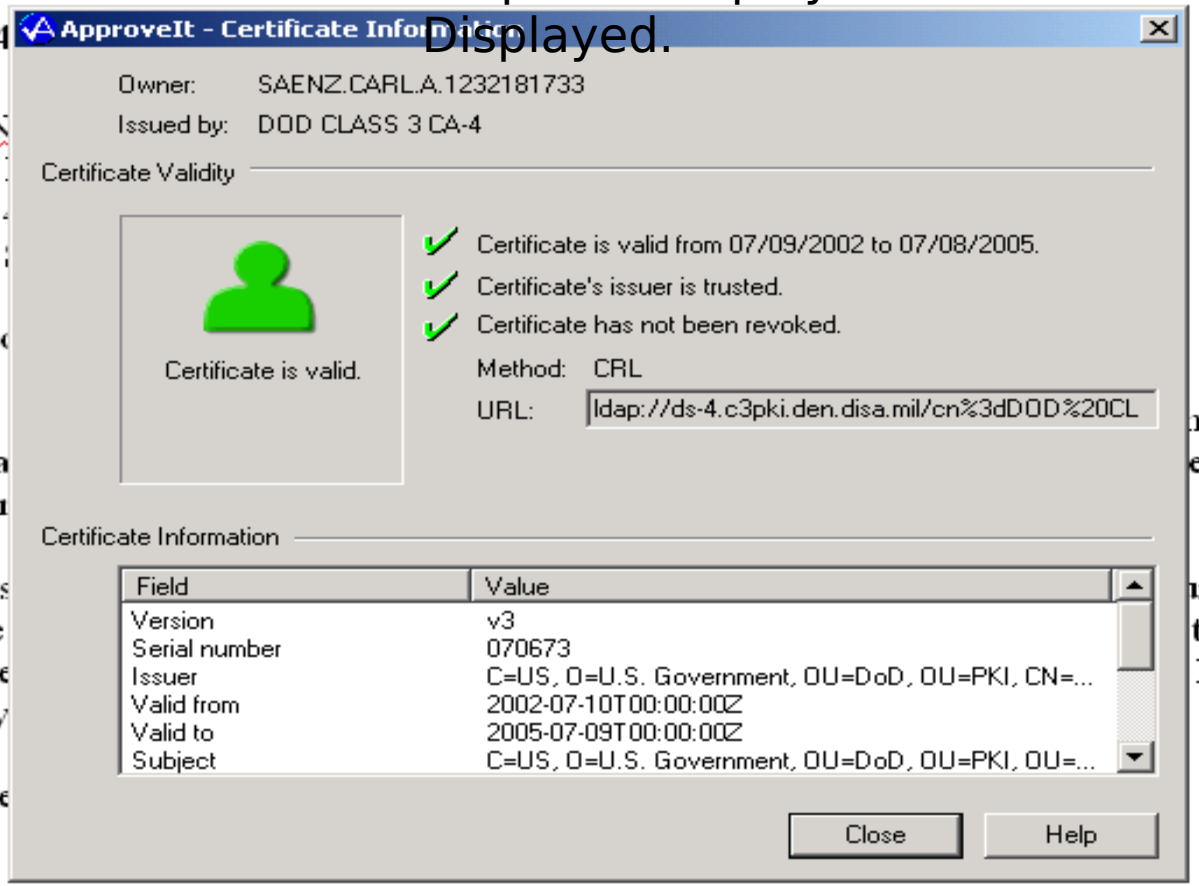
Josie N
Chief,
Bldg 1
White

Dear J

This is ng DoD CAC and
associa e LDAP server in
Denver

The tes re, 100% validation is
initiate the user the dialog box
that the Physical signature can be
display

Sincere



CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 14, 2004

Step 13: Printed Copy of Signature Displayed

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

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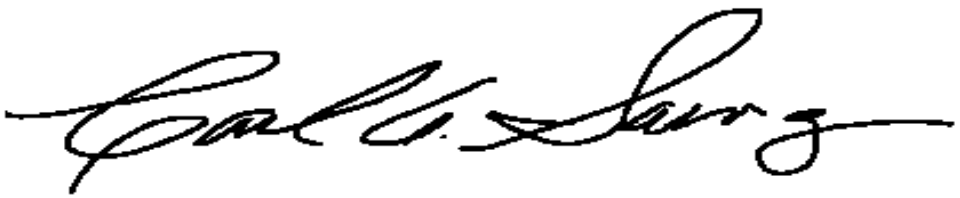

CARL A. SAENZ
IT Specialist, IOD

Test Sample

SECURING SIGNATURES WITHIN A PDF Adobe DOCUMENT

APPROVEIT 5.6

Adobe Acrobat - [PDF Sample Sign.pdf]
File Edit Document Tools View ApproveIt Window Help
190%
Bookmarks
Thumbnails
Comments
Signatures

IOD, White Sands Missile Range

July 24, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

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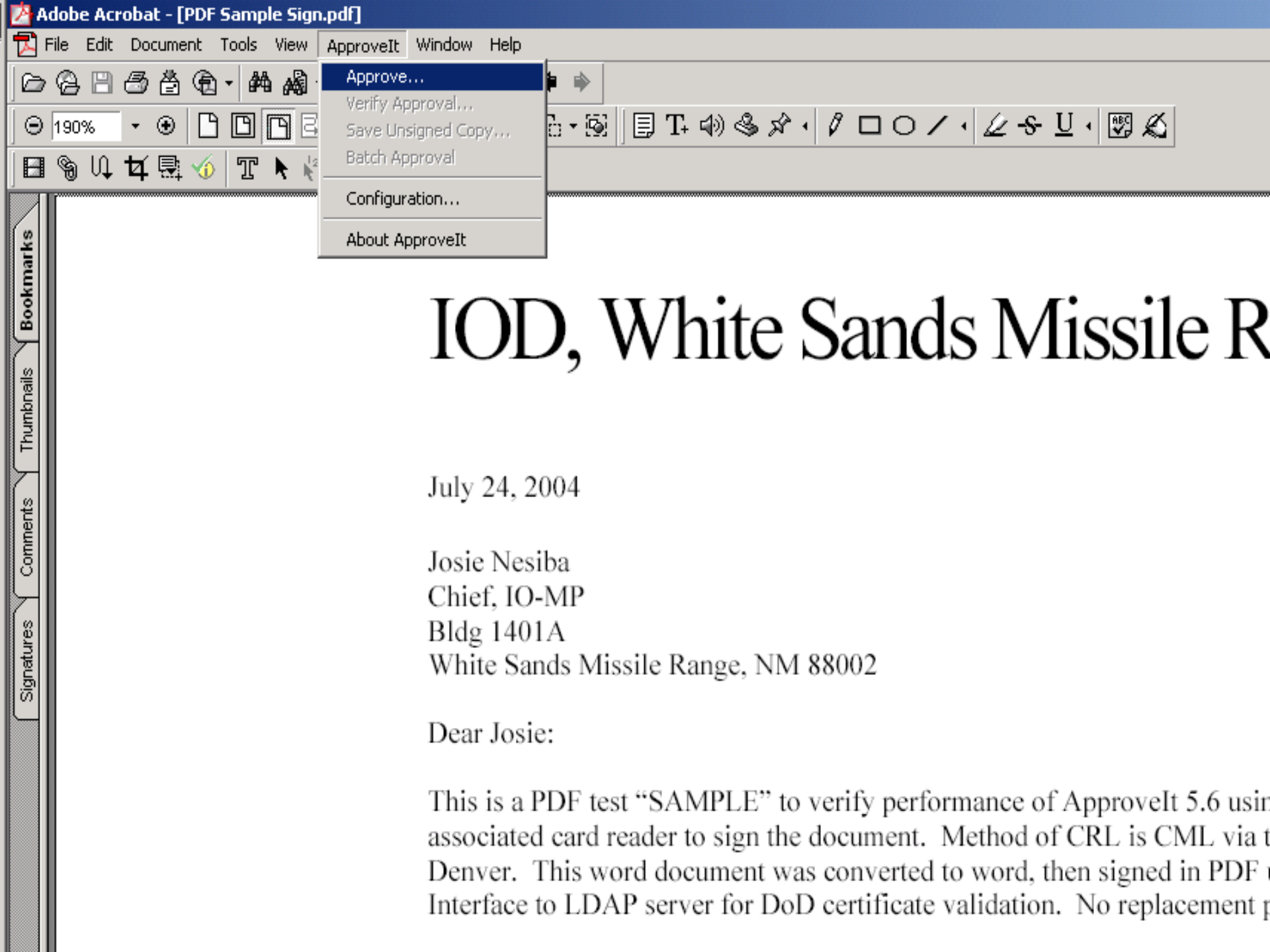
Sincerely,

No {SIGNATURE1}

CARL A. SAENZ
IT Specialist, IOD


Adobe Acrobat - [PDF Sample Sign.pdf]
File Edit Document Tools View ApproveIt Window Help
Approve...
Verify Approval...
Save Unsigned Copy...
Batch Approval
Configuration...
About ApproveIt
190%
Bookmarks
Thumbnails
Comments
Signatures
IOD, White Sands Missile R
July 24, 2004
Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002
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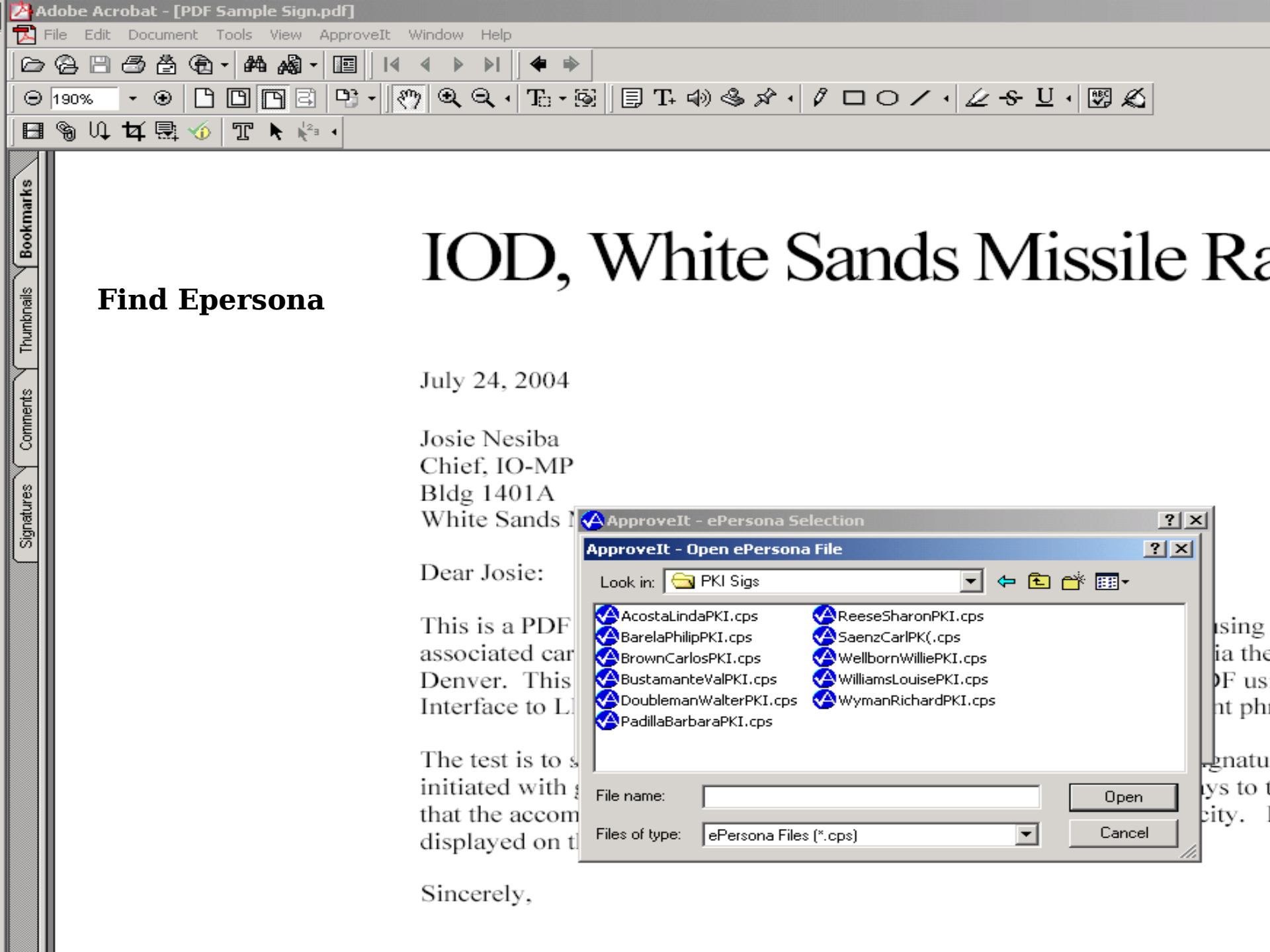
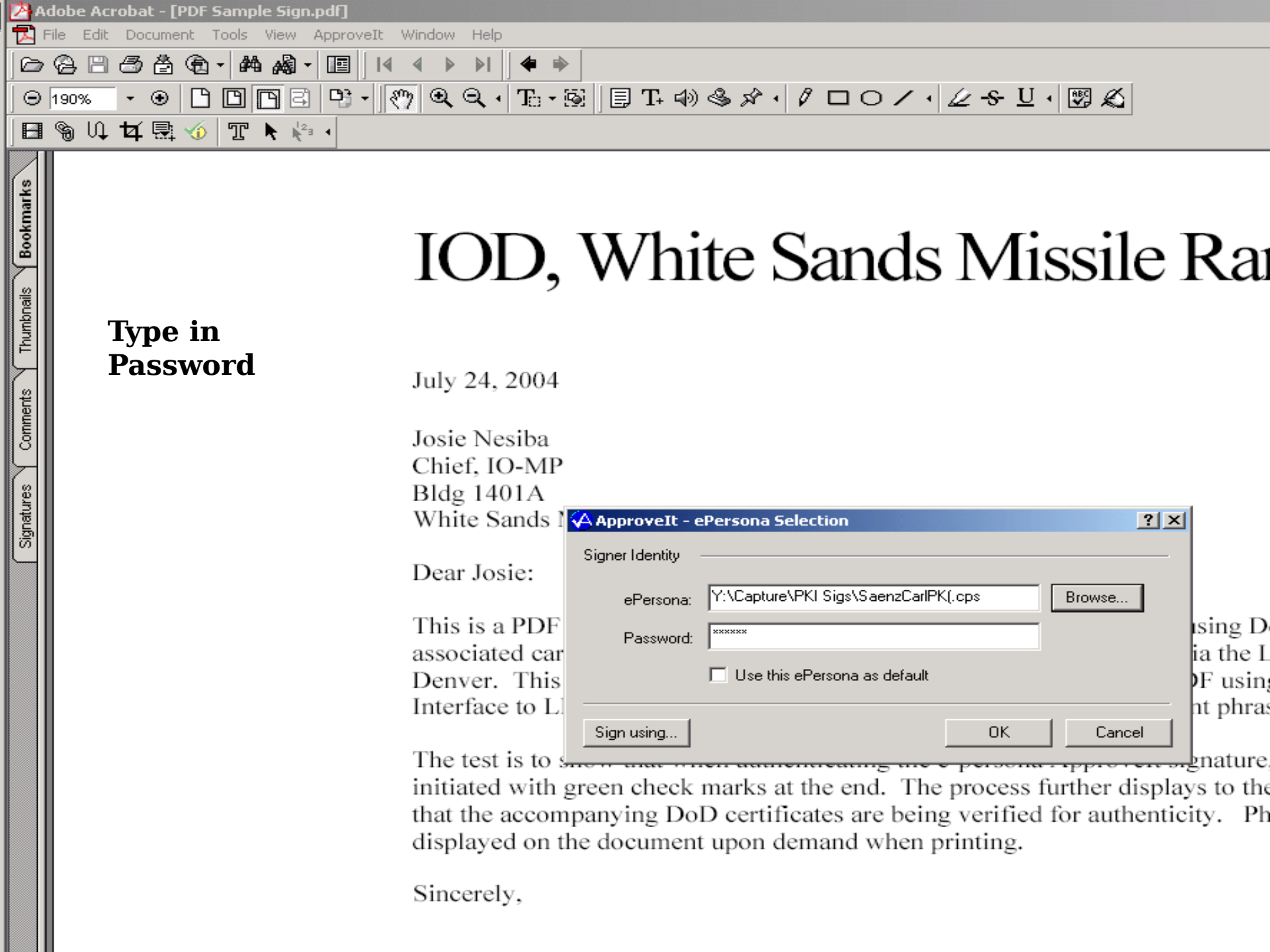
Find Epersona





Type in Password

IOD, White Sands Missile Range

July 24, 2004

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Chief, IO-MP
Bldg 1401A
White Sands

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The test is to s gnature, 100% validation is
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displayed on the document upon demand when printing.

Sincerely,

Employee Signature Element, plus Comments

CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 24, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

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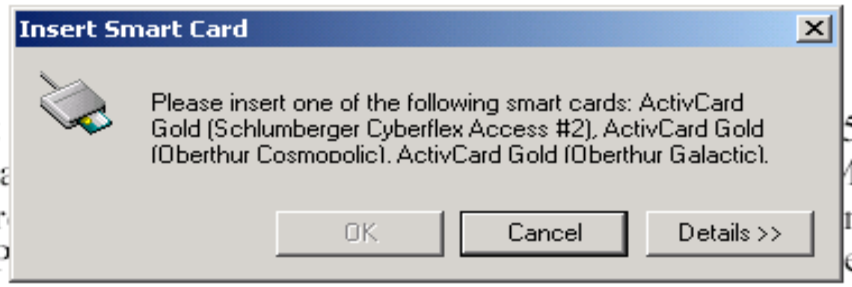

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Sincerely,

Insert CAC into Reader

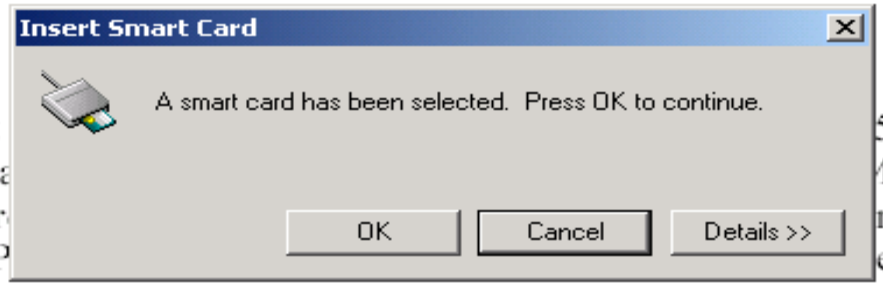
CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 24, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

Dear Josie:



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Sincerely,

Reader Located

CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 24, 2004

Employee draws box on area to sign

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

Dear Josie:

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Sincerely,

CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 24, 2004

Employee enters CAC PIN

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

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Sincerely,

CARL A. SAENZ
IT Specialist, IOD

IOD, White Sands Missile Range

July 24, 2004

Employees name dropped into PDF file

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

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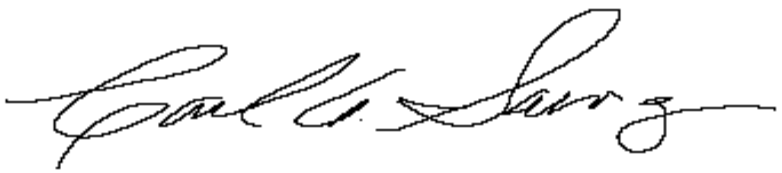
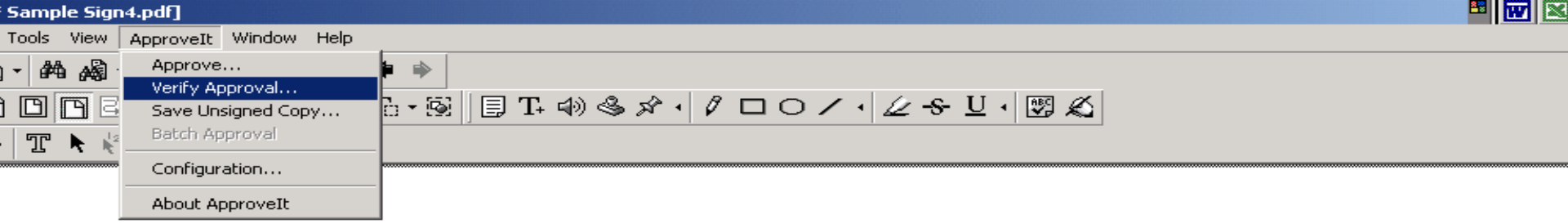


CARL A. SAENZ
IT Specialist, IOD



IOD, White Sands Missile Range

July 24, 2004

Employee verifies signature via LDAP server

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands Missile Range, NM 88002

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IT Specialist, IOD

IOD, White Sands Missile Range

July 24, 2004

Josie Nesiba
Chief, IO-MP
Bldg 1401A
White Sands M

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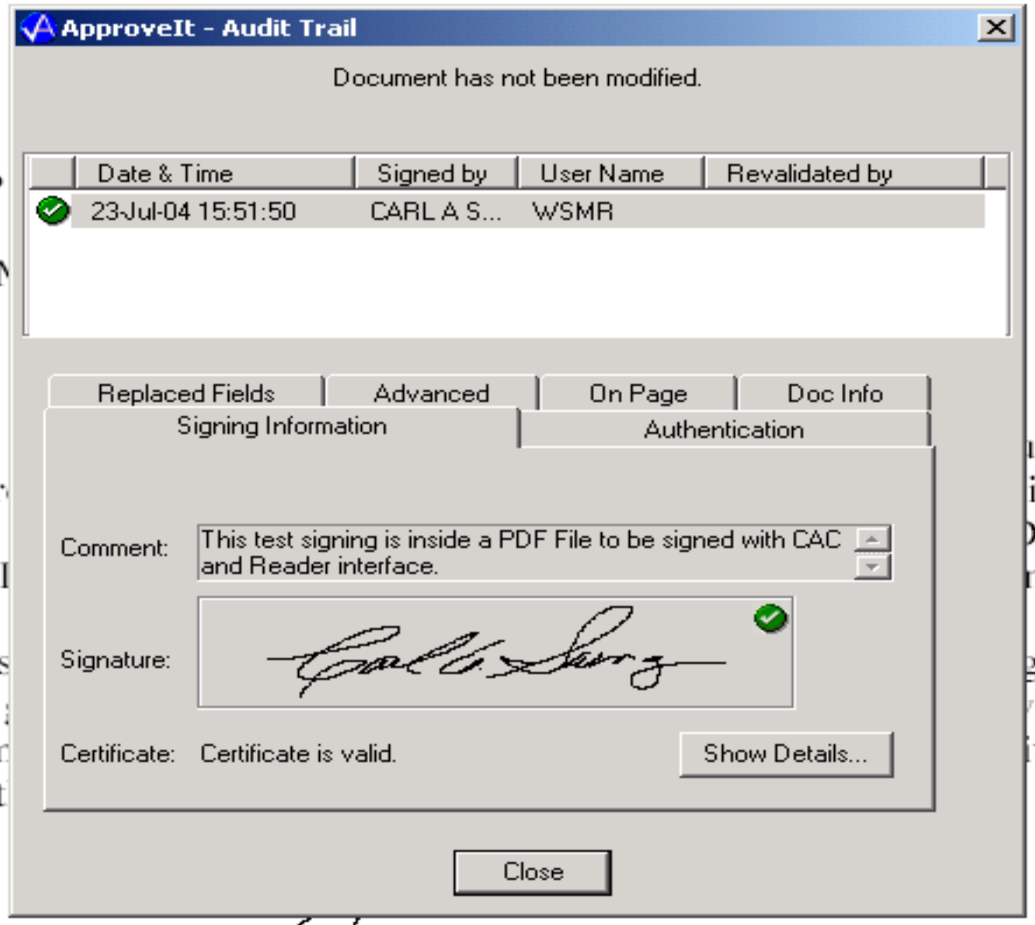
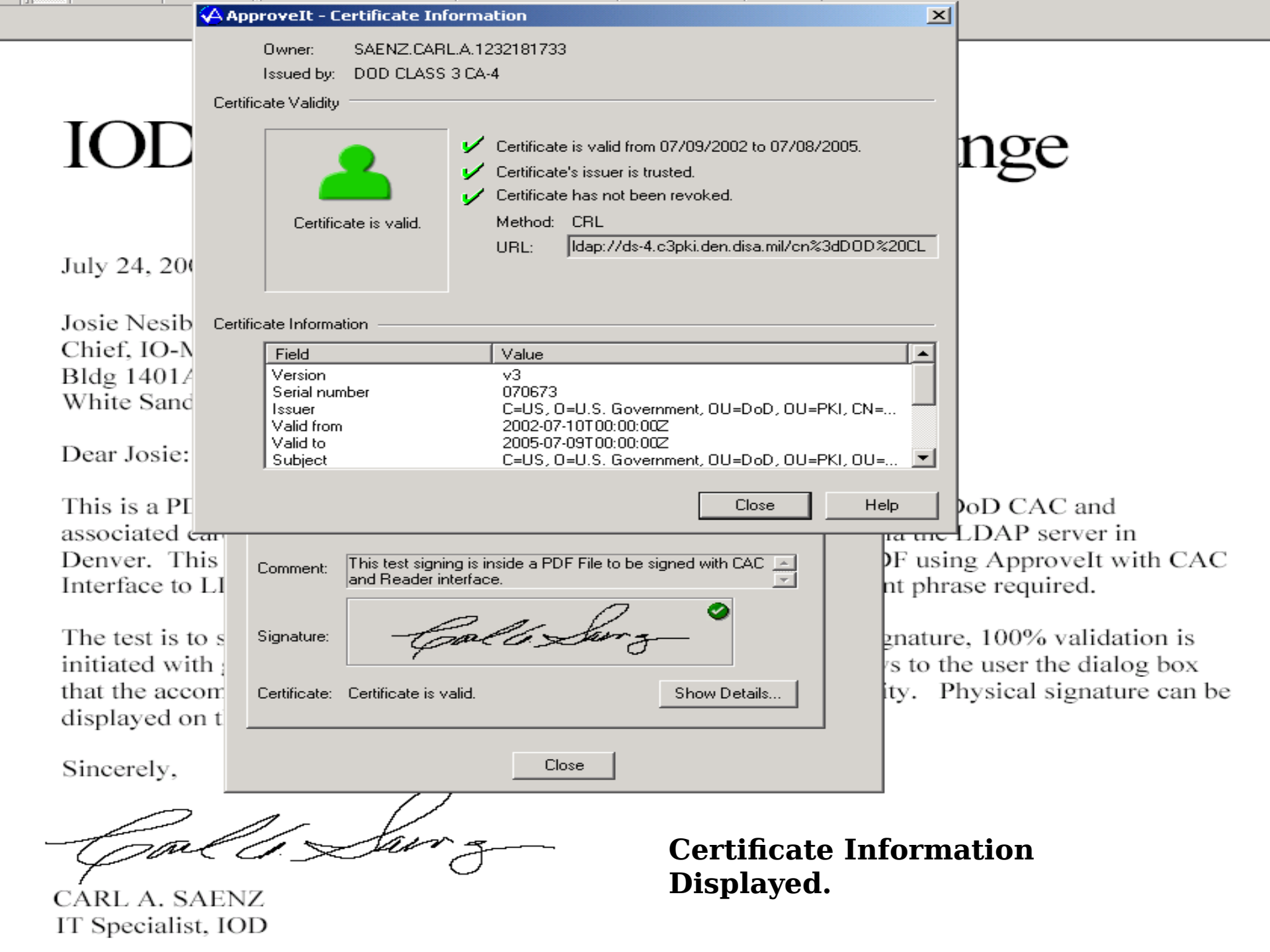


Certificate comes up Valid.



IOD nge

July 24, 20

Josie Nesib
Chief, IO-N
Bldg 1401A
White Sand

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CARL A. SAENZ
IT Specialist, IOD

Certificate Information Displayed.

SECURING SIGNATURES WITH WSMR FORMS ENGINE

APPROVEIT 5.6

White Sands Missile Range Forms Support System

Patent Pending

Department of Defense

Department of Army

Department of Air Force

** RESERVED **

** RESERVED **

Standard Forms (SF)

GPO and Optional Forms

Medical Command Forms

Medical Forms

Local Forms Menu

Find Forms by Category or KeyWord

User's Personal Menu

Check For E-Mail

Preferences

Single User Form

Online Help

Local Help

Direct Access by Form Number:

Direct Access Help

Systems Information

AEFSS WEB INFO

EXIT This Application

4.8

Electronic Forms Support System - [Request for Leave or Approved Absence]

Setup Views Edit Format Preferences ApproveIT

New Save Update Delete Purge Restore/Import Help

Fast Fill Search Send Form Remove Personal ReBuild Database Return to Menu

enter date and time below	From	To	From	To	
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advanced annual leave					
☐ Accrued sick leave					
☐ Advanced sick leave					

Purpose:

- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Employee runs signature validation

pay will be used under the Family Medical Leave Act of 1993 (FML provide the following information

☐ I hereby invoke my entitle family and medical leave

☐ Birth/Adoption/Foster C

☐ Serious health conditio spouse, son, daughter,

☐ Serious health conditio

Contact your supervisor and/or y personnel office to obtain additio information about your entitleme responsibilities under the FMLA. certification of a serious health c may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must co my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, includi certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including

7a. Employee signature	7b. Date signed
CARLA SAENZ	15 July 04

8a. Official action on request

Electronic Forms Support System - [Request for Leave or Approved Absence]

Setup Views Edit Format Preferences ApproveIT

Display Signatures
Approve
Print
Authenticate
View Signature(s) Report
Undo last Approval
Correct Signature Database
Load Configuration
About ApproveIt

New Restore/Import Help

Fast Fill Search ReBuild Database Return to Menu

enter date and time below

		From	To	
☐ Accrued annual leave				
☐ Restored annual leave				
☐ Advanced annual leave				
☐ Accrued sick leave				
☐ Advanced sick leave				

pay will be used under the F
Medical Leave Act of 1993
provide the following informa

☐ I hereby invoke my e
family and medical le

☐ Birth/Adoption/Fos

☐ Serious health con
spouse, son, daug

☐ Serious health con

Purpose:

☐ Illness/injury/incapacitation of requesting employee

☐ Medical/dental/optical examination of requesting employee

☐ Care of family member, including medical/dental/optical examination of family member or bereavement

☐ Care of family member with a serious health condition

☐ Other

Click on View Signature Report

Contact your supervisor and
personnel office to obtain a
information about your enti
responsibilities under the FM
certification of a serious he
may be required by your ag

☐ **Compensatory time off**					
☐ **Other paid absence** *(specify in remarks)*					
☐ **Leave without pay**					

6. Remarks

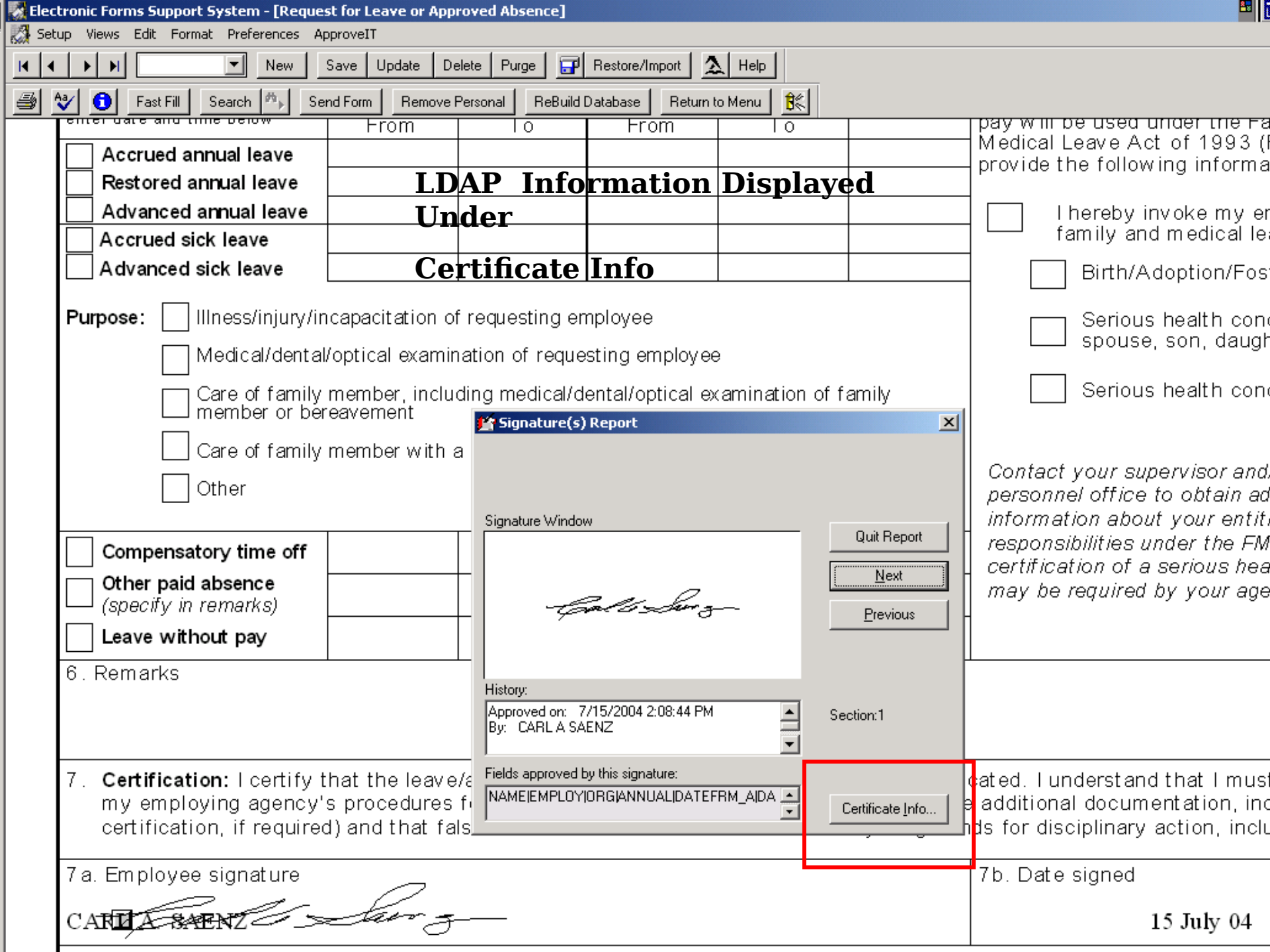
7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I mus
my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, in
certification, if required) and that falsification of information on this form may be grounds for disciplinary action, incl

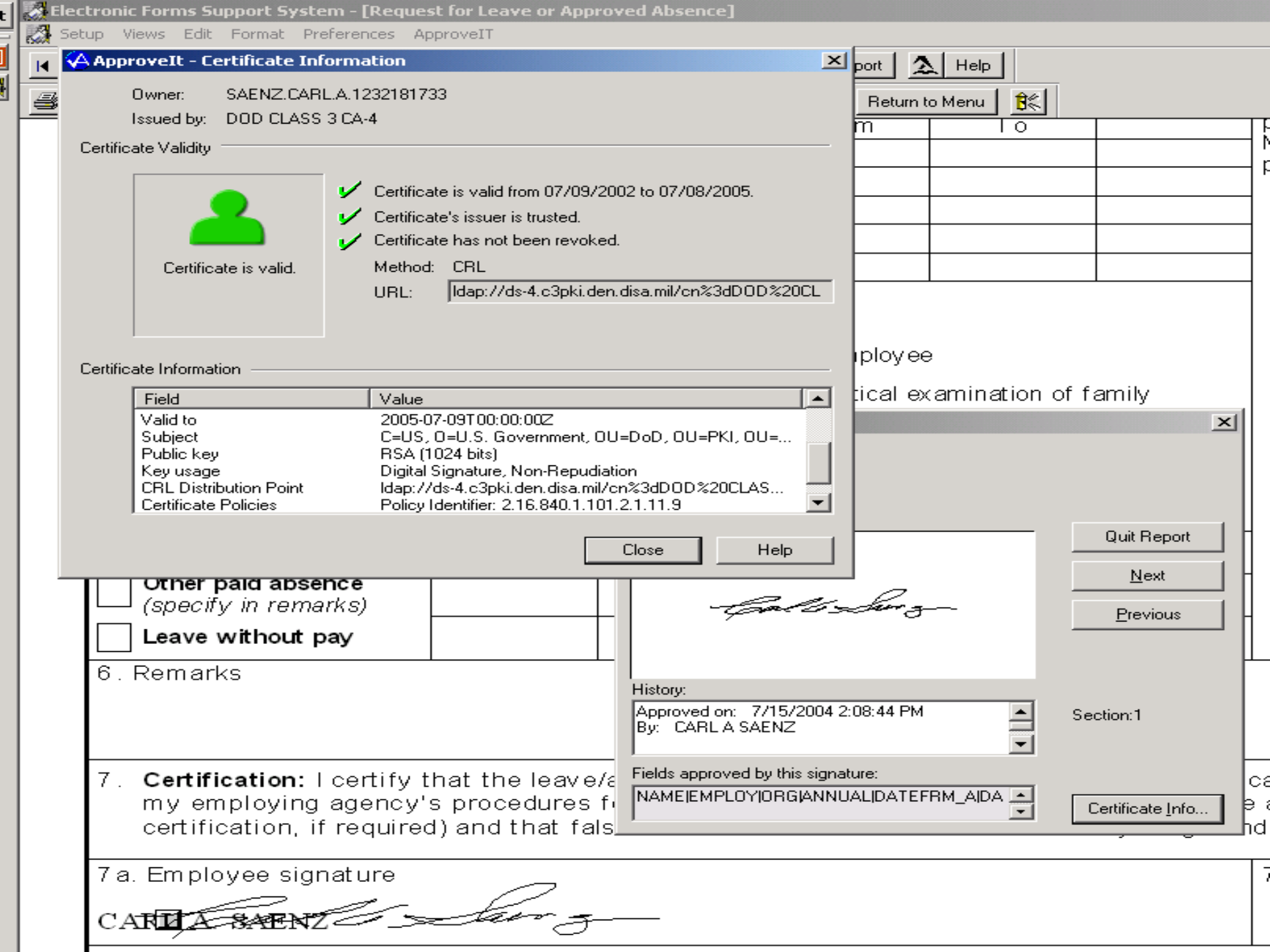
7a. Employee signature

CARLA SAENZ

7b. Date signed

15 July 04


Electronic Forms Support System - [Request for Leave or Approved Absence]
Setup Views Edit Format Preferences ApproveIT
New Save Update Delete Purge Restore/Import Help
Fast Fill Search Send Form Remove Personal ReBuild Database Return to Menu
From To From To
Accrued annual leave
Restored annual leave
Advanced annual leave
Accrued sick leave
Advanced sick leave
LDAP Information Displayed Under Certificate Info
Purpose:
Illness/injury/incapacitation of requesting employee
Medical/dental/optical examination of requesting employee
Care of family member, including medical/dental/optical examination of family member or bereavement
Care of family member with a
Other
Compensatory time off
Other paid absence (specify in remarks)
Leave without pay
6. Remarks
Signature(s) Report
Signature Window
Quit Report
Next
Previous
History:
Approved on: 7/15/2004 2:08:44 PM
By: CARL A SAENZ
Section:1
Fields approved by this signature:
NAME|EMPLOY|ORG|ANNUAL|DATEFRM_A|DA
Certificate Info...
7. Certification: I certify that the leave/a
my employing agency's procedures f
certification, if required) and that fals
cated. I understand that I must
additional documentation, inc
ds for disciplinary action, inclu
7a. Employee signature
CARL A SAENZ
7b. Date signed
15 July 04


Electronic Forms Support System - [Request for Leave or Approved Absence]
Setup Views Edit Format Preferences ApproveIT
ApproveIt - Certificate Information
Owner: SAENZ.CARL.A.1232181733
Issued by: DOD CLASS 3 CA-4
Certificate Validity
Certificate is valid.
Certificate is valid from 07/09/2002 to 07/08/2005.
Certificate's issuer is trusted.
Certificate has not been revoked.
Method: CRL
URL: ldap://ds-4.c3pki.den.disa.mil/cn%3dDOD%20CL
Certificate Information
Field
Value
Valid to
2005-07-09T00:00:00Z
Subject
C=US, O=U.S. Government, OU=DoD, OU=PKI, OU=...
Public key
RSA (1024 bits)
Key usage
Digital Signature, Non-Repudiation
CRL Distribution Point
ldap://ds-4.c3pki.den.disa.mil/cn%3dDOD%20CLAS...
Certificate Policies
Policy Identifier: 2.16.840.1.101.2.1.11.9
Close
Help
Help
Return to Menu
Quit Report
Next
Previous
History:
Approved on: 7/15/2004 2:08:44 PM
By: CARL A SAENZ
Section:1
Fields approved by this signature:
NAME|EMPLOY|ORG|ANNUAL|DATEFRM_A|DA
Certificate Info...
Other paid absence
(specify in remarks)
Leave without pay
6. Remarks
7. Certification: I certify that the leave/a
my employing agency's procedures f
certification, if required) and that fals
7a. Employee signature
CARL A SAENZ

Test Sample

SECURING SIGNATURES WITH MS EXCEL

APPROVEIT 5.6

ST PURCHASE REQUEST

(PURCHASER INFO)

PCMS ID #

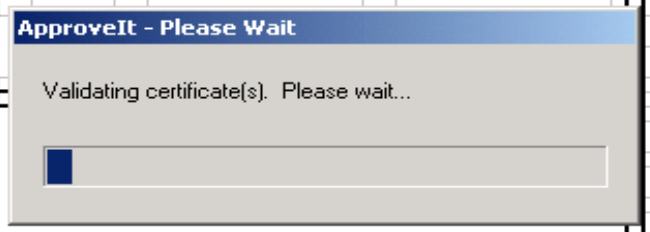
OFFICE SYMBOL/BLDG NO. _____

REQUEST PURCHASE OF THE FOLLOWING:

[x] Under $2500 [ ] $2500 to $25K [ ] $25K & Over

	ITEM	PART NO	QTY	ITEM COST	TOTAL	Price Quoted	Total
1	New Dell Computer	XYZ-2III2	1	$ 1,500	$ $1,500.00	$1,200.00	$1,200.00
2				$	$		
3				$	$		
4				$	$		
5				$	$		
	(Use additional sheets if needed)					TOTAL	$1,200.00

PKI Validation on Excel Spreadsheet already signed.



EXPENDABLE: [ ] NONEXPENDABLE: [ ]

ADPE YES: [x] NO: [ ] ADPE NO:

HAND RECEIPT HOLDER AND NO:

NOTES

Quoted by:

Del:

Ref#

Date Awarded

SOURCE:		SOURCE:	SOURCE:
ADDRESS:		ADDRESS:	ADDRESS:
CITY:	STATE: ZIP:	CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE:	FAX:	PHONE: FAX:	PHONE: FAX:
SMALL BUSINESS:	GSA NO:	SMALL BUSINESS: GSA NO:	SMALL BUSINESS: GSA NO:

REMARKS / JUSTIFICATION:

PROJECT:

ACCOUNTING CLASSIFICATION

JONO: SUB JONO: COST CENTER CODE:

APPROVALS REQUIRED

	15-Jul-04	{SIGNATURE2} {DATE2}	{SIGNATURE3} {DATE3}
Technical Representative/Requestor	Date	Branch Supervisor Date	Project Engineer Date
Phone Number: 678-1093		(Division Chief/Deputy Dir. if using DE93/STD Rate Monies)	(Responsible for Reimbursable JONO)

NOTE: If request is over $2500 and under $25K, Sources must be small business. Only exceptions: GSA and Sole Source

ST PURCHASE REQUEST

(PURCHASER INFO)

PCMS ID #

OFFICE SYMBOL/BLDG NO. _____

REQUEST PURCHASE OF THE FOLLOWING:

[x] Under $2500 [ ] $2500 to $25K [ ] $25K & Over

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2				$	$		
3				$	$		
4				$	$		
5				$	$		
						TOTAL	$1,200.00

(Use additional sheets if needed)

ApproveIt - Please Wait

Processing Document. Please wait...

EXPENDABLE: [ ] NONEXPENDABLE: [ ]

ADPE YES: [x] NO: [ ] ADPE NO:

HAND RECEIPT HOLDER AND NO:

NOTES

Quoted by:

Del:

Ref#

Date Awarded

SOURCE:		SOURCE:	
ADDRESS:		ADDRESS:	
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:
PHONE:	FAX:	PHONE:	FAX:
SMALL BUSINESS:	GSA NO:	SMALL BUSINESS:	GSA NO:

SOURCE:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
SMALL BUSINESS:	GSA NO:	

REMARKS / JUSTIFICATION:

PROJECT:

ACCOUNTING CLASSIFICATION

JONO: SUB JONO: COST CENTER CODE:

APPROVALS REQUIRED

	15-Jul-04	{SIGNATURE2} {DATE2}	{SIGNATURE3} {DATE3}
Technical Representative/Requestor	Date	Branch Supervisor Date	Project Engineer Date
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2				$	$		
3				$	$		
4							
5							

(Use additional sheets if needed)

TOTAL $1,200.00

Quoted by:

Del:

Ref#

Date Awarded

EXPENDABLE: [ ] NONEXPENDABLE: [ ]

ADPE YES: [x] NO: [ ] ADPE NO:

HAND RECEIPT HOLDER AND NO:

SOURCE:

ADDRESS:

CITY: STATE: ZIP:

PHONE: FAX:

SMALL BUSINESS: GSA NO:

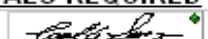
REMARKS / JUSTIFICATION:

PROJECT:

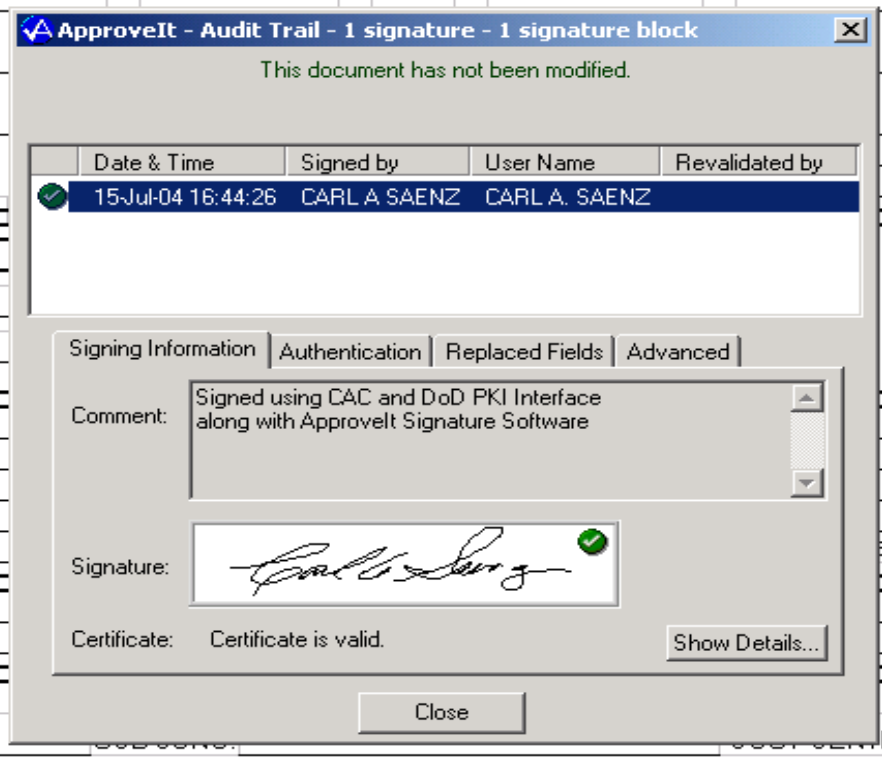
ACCOUNTING CLASSIFICATION

JONO:

APPROVALS REQUIRED

	15-Jul-04	{SIGNATURE2} {DATE2}		{SIGNATURE3} {DATE3}
Technical Representative/Requestor	Date	Branch Supervisor	Date	Project Engineer	Date
Phone Number: 678-1093		(Division Chief/Deputy Dir. if using DE93/STD Rate Monies)		(Responsible for Reimbursable JONO)	

NOTE: If request is over $2500 and under $25K, Sources must be small business. Only exceptions: GSA and Sole Source



ST PURCHASE REQUEST

(PURCHASER INFO)

PCMS ID #

OFFICE SYMBOL/BLDG NO. _____

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2				$	$		
3							
4							
5							

(Use additional sheets if needed)

TOTAL $1,200.00

Quoted by:

Del:

Ref#

Date Awarded

EXPENDABLE: [ ] NONEXPENDA

ADPE YES: [x] NO: [ ] ADPE NO:

HAND RECEIPT HOLDER AND NO:

SOURCE:

ADDRESS:

CITY: STATE: ZI

PHONE: FAX:

SMALL BUSINESS: GSA NO:

REMARKS / JUSTIFICATION:

PROJECT:

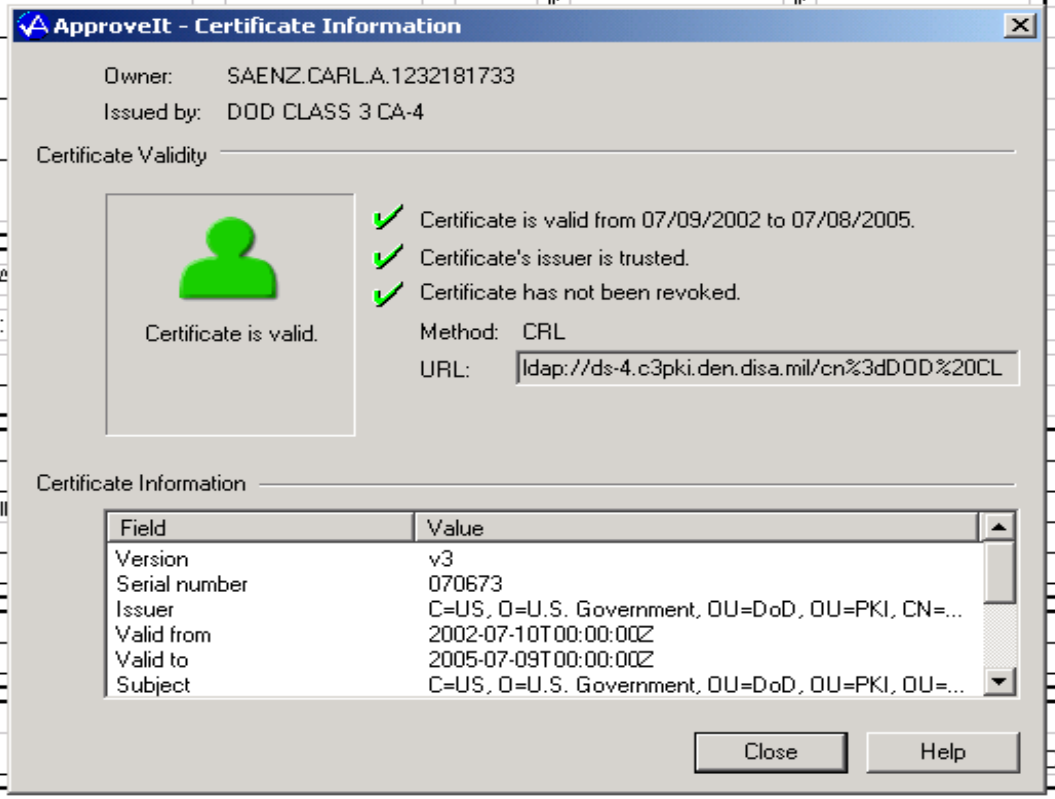
ACCOUNTING CLASSIFICATION

JONO:

APPROVALS REQUIRED

Technical Representative/Requestor	15-Jul-04 Date	{SIGNATURE2} {DATE2} Branch Supervisor Date	{SIGNATURE3} {DATE3} Project Engineer Date
Phone Number: 678-1093		(Division Chief/Deputy Dir. if using DE93/STD Rate Monies)	(Responsible for Reimbursable JONO)

NOTE: If request is over $2500 and under $25K, Sources must be small business. Only exceptions: GSA and Sole Source



PCMS ID #

OFFICE SYMBOL/BLDG NO. _____

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2				$	$		
3							
4							
5						TOTAL	$1,200.00

(Use additional sheets if needed)

Quoted by:

Del:

Ref#

Date Awarded

EXPENDABLE: [ ] NONEXPENDA

ADPE YES: [x] NO: [ ] ADPE NO:

HAND RECEIPT HOLDER AND NO:

SOURCE:

ADDRESS:

CITY: STATE: ZI

PHONE: FAX:

SMALL BUSINESS: GSA NO:

STATE: ZIP:

FAX:

GSA NO:

REMARKS / JUSTIFICATION:

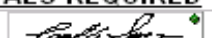
PROJECT:

ACCOUNTING CLASSIFICATION

JONO:

DE:

APPROVALS REQUIRED

	15-Jul-04	{SIGNATURE2} {DATE2}	{SIGNATURE3} {DATE3}
Technical Representative/Requestor	Date	Branch Supervisor Date	Project Engineer Date
Phone Number: 678-1093		(Division Chief/Deputy Dir. if using DE93/STD Rate Monies)	(Responsible for Reimbursable JONO)

NOTE: If request is over $2500 and under $25K, Sources must be small business. Only exceptions: GSA and Sole Source

ApproveIt - Certificate Information

Owner: SAENZ.CARL.A.1232181733

Issued by: DOD CLASS 3 CA-4

Certificate Validity

Certificate is valid.

- Certificate is valid from 07/09/2002 to 07/08/2005.
- Certificate's issuer is trusted.
- Certificate has not been revoked.

Method: CRL

URL: ldap://ds-4.c3pki.den.disa.mil/cn%3dDOD%20CL

Certificate Information

Field	Value
Subject	C=US, O=U.S. Government, OU=DoD, OU=PKI, OU=...
Public key	RSA (1024 bits)
Key usage	Digital Signature, Non-Repudiation
CRL Distribution Point	ldap://ds-4.c3pki.den.disa.mil/cn%3dDOD%20CLAS...
Certificate Policies	Policy Identifier: 2.16.840.1.101.2.1.11.9

Close Help

ST PURCHASE REQUEST

(PURCHASER INFO)

PCMS ID #

OFFICE SYMBOL/BLDG NO. _____
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2				$	$		
3				$	$		
4				$	$		
5				$	$		

(Use additional sheets if needed)

SHEET TOTAL $
TOTAL ORDER $ $1,500.00

TOTAL $ 1,200.00

Quoted by: _____
Del: _____
Ref# _____
Date Awarded _____

EXPENDABLE: [ ] NONEXPENDABLE: [ ]
ADPE YES: [x] NO: [ ] ADPE NO: _____
HAND RECEIPT HOLDER AND NO: _____

NOTES

SOURCE: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____
PHONE: _____ FAX: _____
SMALL BUSINESS: ____ GSA NO: _____

SOURCE: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____
PHONE: _____ FAX: _____
SMALL BUSINESS: ____ GSA NO: _____

SOURCE: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____
PHONE: _____ FAX: _____
SMALL BUSINESS: ____ GSA NO: _____

REMARKS / JUSTIFICATION: _____
PROJECT: _____

Physical Signature Displayed on Output file.

ACCOUNTING CLASSIFICATION

JONO: _____ SUB JONO: _____ COST CENTER CODE: _____

APPROVALS REQUIRED

	15-Jul-04	{SIGNATURE2}	{DATE2}	{SIGNATURE3}	{DATE3}
Technical Representative/Requestor	Date	Branch Supervisor	Date	Project Engineer	Date
Phone Number: 678-1093		(Division Chief/Deputy Dir. if using DE93/STD Rate Monies)		(Responsible for Reimbursable JONO)	

NOTE: If request is over $2500 and under $25K, Sources must be small business. Only exceptions: GSA and Sole Source

Test Sample

END OF TEST SAMPLES

APPROVEIT
5.6